



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

Department of Public Safety



TRAFFIC CRASH REPORT

SPECIAL CONDITIONS NIA		NUMBER KILLED 1	NUMBER INJURED 0	CITY Saipan M.P. 96950	DISTRICT	LOCAL REPORT NUMBER 07-10892
LOCATION CRASHED OCCURRED ON Gualo Rai Traffic Light		NUMBER KILLED 0	NUMBER INJURED 0	COUNTY Gualo Rai	REPORTING DISTRICT	BEAT Auto-Auto
MILEPOST 1412-91		FEET/MILES 10 24 07		MO. DAY YEAR 10 24 07	TIME (2400) 0810	NCIC # P-224
AT INTERSECTION WITH 1412-91		OF MP		DAY OF WEEK S M T W T F S	TOW AWAY YES	PHOTOGRAPHS BY: NONE
PARTY 1 DRIVER'S LICENSE NUMBER 1412-91		STATE MP		CLASS MP	SAFETY MP	VEH. YEAR 1997
DRIVER Guzuki Robert Chin		MAKE/MODEL/COLOR Toyota T-100 Pup		LICENSE NUMBER Kuling M.P.		STATE M.P.
STREET ADDRESS Chaban Galadai		OWNER'S NAME Inoke Ferdinand		OWNER'S ADDRESS Kaaman		DISPOSITION OF VEHICLE ON ORDERS OF: TOU to Auto-Motion
CITY/STATE/ZIP Saipan M.P. 96950		BIRTHDATE 3 20 75		RACE Cham		PRIOR MECHANICAL DEFECTS NONE APPARENT
SEX M		HAIR BW		EYES Blk		HEIGHT 5'4
WEIGHT 232		SPEED LIMIT 35MPH		VEHICLE IDENTIFICATION NUMBER: PP0400126		SHADE IN DAMAGED AREA 35MPH
HOME PHONE 287-4672		INSURANCE CARRIER AIUP		POLICY NUMBER PP0400126		DIR OF TRAVEL ON STREET OR HIGHWAY South
PARTY 2 DRIVER'S LICENSE NUMBER 07092001		STATE M.P.		CLASS M.P.		SAFETY M.P.
DRIVER Ming Hua Q Yoon		MAKE/MODEL/COLOR 2004 Toyo Camry Silv		LICENSE NUMBER ACE 355		STATE M.P.
STREET ADDRESS Garapan		OWNER'S NAME Same as Driver		OWNER'S ADDRESS Same as Driver		DISPOSITION OF VEHICLE ON ORDERS OF: TOU to micro corp.
CITY/STATE/ZIP Saipan M.P. 96950		BIRTHDATE 31 5 70		RACE Chin		PRIOR MECHANICAL DEFECTS NONE APPARENT
SEX F		HAIR BW		EYES Blk		HEIGHT 5'3
WEIGHT 110		SPEED LIMIT 35MPH		VEHICLE IDENTIFICATION NUMBER: MCPCSA-1157		SHADE IN DAMAGED AREA 35MPH
HOME PHONE 483-3599		INSURANCE CARRIER Century		POLICY NUMBER MCPCSA-1157		DIR OF TRAVEL ON STREET OR HIGHWAY East
PARTY 3 DRIVER'S LICENSE NUMBER		STATE		CLASS		SAFETY
DRIVER		MAKE/MODEL/COLOR		LICENSE NUMBER		STATE
STREET ADDRESS		OWNER'S NAME		OWNER'S ADDRESS		DISPOSITION OF VEHICLE ON ORDERS OF:
CITY/STATE/ZIP		BIRTHDATE		RACE		PRIOR MECHANICAL DEFECTS
SEX		HAIR		EYES		HEIGHT
WEIGHT		SPEED LIMIT		VEHICLE IDENTIFICATION NUMBER:		SHADE IN DAMAGED AREA
HOME PHONE		INSURANCE CARRIER		POLICY NUMBER		DIR OF TRAVEL ON STREET OR HIGHWAY
PREPARER'S NAME Poa J.T.D. Guerrero		DISPATCH NOTIFIED YES		REVIEWER'S NAME 10-3007		DATE REVIEWED



SEATING POSITION		SAFETY EQUIPMENT		EJECTED FROM VEHICLE
	OCCUPANTS HELMETS A- NONE IN VEHICLE B- UNKNOWN C- LAP BELT USED D- LAP BELT NOT USED E- SHOULDER HARNESS USED F- SHOULDER HARNESS NOT USED G- LAP/SHOULDER HARNESS USED H- LAP/SHOULDER HARNESS NOT USED J- PASSIVE RESTRAINT USED K- PASSIVE RESTRAINT NOT USED	AIR BAG DEPLOYED M- AIR BAG NOT DEPLOYED N- OTHER P- NOT REQUIRED CHILD RESTRAINT Q- IN VEHICLE USED R- IN VEHICLE NOT USED S- IN VEHICLE USE UNKNOWN T- IN VEHICLE IMPROPER USE	W/C BICYCLE DRIVER V- NO W- YES PASSENGER X- NO Y- YES	0- NOT EJECTED 1- FULLY EJECTED 2- PARTIALLY EJECTED 3- UNKNOWN
	1- DRIVER 2 TO 6 - PASSENGER 7- STATION WAGON REAR 8- REAR OCC. THK OR VAN 9- POSITION UNKNOWN 0- OTHER			

[illegible][illegible]

TRAFFIC CRASH REPORT
INJURED / WITNESS / PASSENGERS
SUPPLEMENTAL FORM

Page of

DATE OF CRASH (MO DAY YEAR)				TIME (2400)	INCIDENT #	OFFICER I.D.	NUMBER									
10 24 07				0810		P-224	07-10892									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)				PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST					OTHER
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NAME / DOB / ADDRESS																
SUZUKI Robert Chin / 3-20-75																
(INJURED ONLY) TRANSPORTED BY: Medix																
TAKEN TO: C.H.C.																
DESCRIBE INJURIES																
Chest Pain																
See Doctor's report.																
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PREPARED BY: P03.J.T.D. Guerrero																
I.D. NUMBER: P-224																
MO. DAY YEAR: 10 24 07																
REVIEWER'S NAME: [Signature]																
MO. DAY YEAR: 10 30 07																